DOCUMENT RESUME

ED 144 432 HE 009 211

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|---|---|
| TITLE | An Exploratory Study of Women in the Health Professions Schools. Executive Summary. |
| INSTITUTION | Urban and Rural Systems Associates, San Francisco, Calif. |
| SPONS AGENCY | Department of Health, Education, and Welfare, Washington, D.C. Office of the Assistant Secretary for Planning and Evaluation. |
| PUB DATE | 76 |
| CONTRACT | HEW-OS-74-291 |
| NOTE | 16p.; For related documents, see HE 009 212-221 |
| EDRS PRICE | MF-$0.83 HC-$1.67 Plus Postage. |
| DESCRIPTORS | Admission (School); *Affirmative Action; Dentistry; Equal Education; Females; *Health Occupations Education; *Health Personnel; *Higher Education; Legislation; Medical Education; Medicine; Pharmacy; *Professional Education; Professional Occupations; Public Health; Sex Discrimination; Sex Role; Student Recruitment; Veterinary Medicine; *Womens Education |
| IDENTIFIERS | Optometry; Osteopathy; Podiatry |

ABSTRACT

The study focused on eight health professions: medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry, pharmacy, and public health. Its central tasks were to identify and explore the barriers to success that women face as medical/professional school applicants and students and to describe the discrimination process that limits women's entry into these professions. The study's purpose was to develop a set of conceptual models of the recruitment, admissions, and education systems to maximize equal opportunities for women and to encourage their success. These efforts were generated by concern over the underrepresentation of women as practitioners in these eight fields, and the suggestion is made that the schools' policies and practices and the professions' structures and histories may help explain this situation. Recommendations are made for legislation concerning health manpower and student financial aid, for criteria or research, policy, and program activities, and for the professional training sequence. (MSE)

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# AN EXPLORATORY STUDY OF WOMEN IN THE HEALTH PROFESSIONS SCHOOLS

## EXECUTIVE SUMMARY

HE009211

WOMEN'S ACTION PROGRAM
Department of Health, Education, and Welfare

# EXECUTIVE SUMMARY

# EXPLORATORY STUDY OF WOMEN IN THE HEALTH PROFESSIONS SCHOOLS

Prepared for

The Women's Action Program
Office of Special Concerns
Office of the Assistant Secretary for Planning and Evaluation
Department of Health, Education and Welfare

pursuant to:

CONTRACT: HEW OS-74-291

Prepared by

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1976

The opinions and conclusions expressed in this report are URSA's and do not necessarily reflect those of the Department of Health, Education and Welfare.

## CHAPTER I: INTRODUCTION (Problem, Objectives, Scope of Study)

The Exploratory Study of Women in the Health Professions Schools focuses on eight health professions known as the MODVOPPP professions: medicine, osteopathic medicine, dentistry, veterinary medicine, optometry, podiatry, pharmacy, and public health. Its central tasks were to identify and explore the barriers to success women face as MODVOPPP school applicants and students and to describe the discrimination process which limits women's entry into these professions. Its central purpose was to develop for future systematic testing a set of conceptual models of the recruitment, admissions, and education systems designed to maximize equal opportunities for women and to encourage their success as school applicants and students. The models were to be the basis for guidance and recommendations designed to assist HEW, the MODVOPPP educational and professional associations, the schools, and appropriate others to eliminate barriers women face and/or to minimize their impact.

Several observations and concerns generated the study. In few countries in the world are women as unrepresented among practitioners in these professions as in the United States. Even among the eight professions there is wide variation in this country in the proportion of students and practitioners who are women as the Attachment to this Summary shows. Such differences suggested that the policies and practices of the MODVOPPP schools might be among the barriers women face and that schools might need assistance in understanding how to affirmatively work toward eliminating some of these barriers and how to comply with legislation prohibiting sex discrimination in student admissions and treatment. Other significant variations among the MODVOPPP professions in their history, work organization, public image, length and cost of training, and so on, suggested that such factors might contribute to an understanding of the differential role and status of women in the professions.

Consequently the study's research included an examination of these characteristics of each of the MODVOPPP professions, and study findings are presented in a ten-volume report. Volume I, Data Analysis, Findings, Conclusions, Recommendations includes a discussion of the study's major findings regarding barriers women face as MODVOPPP applicants and students. It presents the recruitment, admissions, and education models designed to eliminate those barriers and suggests a series of further research and action recommendations for attention by HEW, the MODVOPPP professional and educational associations, and the MODVOPPP schools. It includes a detailed description of the study's methods and a set of extensive appendices including, among others, samples of study instruments, statistical tables, and a discussion of research and civil rights compliance monitoring data gaps and recommendations regarding data needs. This document is a summary of Volume I. Volumes II-IX are individual MODVOPPP professions reports designed to serve as a brief introduction to each profession giving a sense of the profession's history, work focus, organization, and women's roles and status in it. Volume X is the study's Annotated Bibliography.

Taken as a group, the eight individual professions reports include the bulk of the total study's findings and are the collective basis for the conclusions and recommendations presented in Volume I. Because the study's focus is on women as applicants and students, it addresses only indirectly such related issues as current concerns in medical education; flexible residencies; the impact of women on the professions and the practice and delivery of health care; the women's health movement; and women faculty and practitioners. Due to the unavailability of necessary data, the study is regretfully a study of Caucasian women only and does not include separate attention to issues specific to minority women as was its original intent.

## CHAPTER II: STUDY DESIGN AND METHODS

An exploratory study design was specified by the RFP as most appropriate for desired study outcomes since the purpose of exploratory research is often to identify and illuminate issues in complex settings and systems where insufficient knowledge exists and to develop descriptive, predictive models for future systematic test. Initial literature and statistical reviews coupled with meetings and interviews with representatives of MODVOPPP professional and educational associations defined a preliminary range of issues for examination in field research in MODVOPPP schools. The bulk of the study's field work included open-ended, purposefully unstructured interviews conducted with almost 600 individual MODVOPPP school administrators, faculty members, and students in 27 MODVOPPP schools around the country. These were supplemented by over 60 group interviews in which an estimated 440 men and women students participated. School files and written materials were collected and reviewed prior to, during, and after on-site school visits. Strict assurances of confidentiality and anonymity were given to institutions and individuals, and the names of the schools visited are known only to the study team and participating schools. The study research and field team was composed of both men and women.

Schools were selected to include the following characteristics: at least two in each profession; a range of geographic regions; urban and rural locations; public and private; university affiliation and free-standing; physically independent, part of a medical center, physically part of a campus; high status, low status within the profession; with a high and low proportion of women enrolled. Faculty and administrative respondents were typically identified and selected by school chief administrators, other respondents on-site, and URSA contacts at the schools. Students were interviewed first in groups, and the group sessions were used to identify students for individual interviews.

A descriptive model of the professional training sequence in each profession was used to help identify issues and information for data collection and to organize data for analysis. A generic model was developed to organize the presentation of study findings and recommendations. The steps in the professional training sequence include: recruitment/application; admissions; preclinical/clinical training; postgraduate training; professional practice. (Although professional practice was not an original study focus, it was examined briefly since it is the ultimate objective of both MODVOPPP students and the schools.) Data analysis focused on an examination of the key features and interrelationships of (1) sex roles as socially-defined sets of attitudes and behaviors, (2) work, economic, and organizational features of the professions, and (3) schools' purposes, policies, procedures, programs, services, facilities, and structures. Data analysis was limited to those features and relationships of sex roles, professions, and schools with important consequences for women's success as MODVOPPP applicants and students and to those subject to influence by policy and programmatic interventions.

## CHAPTER III: FINDINGS AND CONCLUSIONS

Four features of women's traditional roles and three characteristics of the professions and schools act as barriers to women both singly and in combination with one another.

(1) Limited Professional Aspirations. Women are not traditionally encouraged to commit the kind of time, energy, or money to career training which the MODVOPPP professions require; they are channeled out of prerequisite math and science courses;

and teachers, counsellors, family, and others actively discourage them from considering these professions. As a result they are often older when they finally apply, and age itself is a barrier. To off-set forces tracking women away from professions, special circumstances appear necessary including multiple supports from many sources, a mother or other female relative serving as a positive role model or a negative role model as a non-working woman, and support from a MODVOPPP practitioner.

(2) Conflict between Family and Professional Obligations. Traditional female and professional roles are structurally incompatible. The time, energy, emotional commitments, logistics, and timing of student, postgraduate, and beginning practitioner roles conflict with the familial roles and responsibilities of a spouse and parent during a person's 20s and 30s. The absence of institutional supports such as domestic help and childcare and of the personal emotional support system typically provided through the role of a wife exacerbates this conflict for women. These support systems are needed to negotiate the incompatible demands between the traditional/familial and student/practitioner roles.

(3) Women's Careers are Second Priority to Men's. Traditional expectations that women's careers are second in importance to their male siblings' or spouse's result in problems for some women in obtaining familial and/or spousal financial support during school. These expectations limit geographic and professional mobility for some women, particularly married women, and for some they make acceptance of financial aid duty-service pay-back commitments in future unspecified geographic areas difficult. They also result in social isolation in the schools and in a limiting of available mates.

(4) Stereotypes. Stereotypes about women which reflect their traditional wife/mother roles are barriers because they conflict with characteristics typically cited as necessary for a MODVOPPP professional including dedication and commitment, authoritativeness with patients, and detachment and ability to reason and make judgements under stress. In this way they are used to define women as inappropriate members of the professions. Stereotypes are also used by male faculty and students to create an unwelcome environment for women in the schools and professions adding to what is already a stressful training experience for all students.

(5) Professional Network. Professions use networks of formal and informal groups to control practice and training requirements, advance and protect their members' economic interests, and monitor the quality of practitioner services. The involvement of members in professional activities is necessary to maintain these functions. Women are typically less involved in professional activities due to their traditional role incompatibilities and to being unwelcome by many male practitioners, and women's lesser involvement becomes itself a barrier to professional credibility and acceptance among male colleagues.

(6) Relationships between Professional Practitioners and the Schools. MODVOPPP practitioners are heavily involved in school activities as teaching clinicians and in lobbying efforts through alumni groups and state legislatures. Their sex-biases often create unwelcome school environments for women and pressures on school administrators to limit or reduce women's enrollments.

(7) Male Sex-Typing of the Professions and Schools. MODVOPPP professions are predominantly male. As a result, women do not often see the professions as possible career options; there are few women role models available; teaching styles are traditionally set up for men to relate to men; physical facilities and services needed by women may be absent or inadequate; and outside training institutions (hospitals, preceptors, etc.) are often not supportive of women and are beyond the control of the schools.

All MODVOPPP applicants, students, and ultimately practitioners require seven key resources for success, access to, and participation in MODVOPPP professional training and practice. The interaction of the seven features of women, professions, and schools described above further creates barriers by denying or limiting women's access to these seven resources. The resources are differentially important in the several steps of the professional training sequence and vary in significance among the eight MODVOPPP professions. However if they are inadequate or missing entirely, this, too, is a barrier.

(1) Information. Information includes the facts, stereotypes, and media images used to make choices about MODVOPPP careers, to select schools for application, make specialty choices, and so on. It also includes education skills, techniques, attitudes, and values transmitted through professional socialization in the schools. It is a key resource in every step of the professional training sequence.

(2) Personal Encouragements. These include the emotional and social supports needed by MODVOPPP applicants and students and sought and received from parents, spouses, friends, student colleagues, and others. Personal encouragements are necessary to help build confidence and sustain students during the stressful professional training period. They are most important during the recruitment/application and postgraduate stages of the professional training sequence and particularly critical during the preclinical/clinical period.

(3) Institutional Supports. This resource includes the official policies, procedures, programs and services, facilities, equipment, and personnel associated with the MODVOPPP schools and associations, preprofessional schools, and other key outside related groups such as the federal government, banks, and so on. They are important during the recruitment/application, admissions, and postgraduate steps of the professional training sequence and particularly critical during preclinical/clinical training.

(4) Informal, Collegial Professional Network. This includes the referral, work, and social relationships which link MODVOPPP applicants, students, and practitioners and through which information, power, influence, and client and patient referrals travel. These networks are important in all stages of the professional training sequence and are particularly crucial in the more entrepreneurial professions such as dentistry, pharmacy, and optometry.

(5) Formal Requirements. These are the stated, clear, often measurable, quantifiable, and objective criteria and standards MODVOPPP applicants, students, and graduates must meet to be admitted to and pass through each step of the professional training sequence. They are most important during admissions and are the resource to which women have the greatest access.

(6) Informal Requirements. These include the attitudes, behaviors, and personal characteristics and traits MODVOPPP professions require and seek to instill in their members--for example decisiveness, confidence, dedication, commitment, certainty, authority, managerial ability, independence, analytic ability, and so on. Informal requirements are key during admissions, preclinical/clinical training, postgraduate training, and professional practice. Women have least access to this resource.

(7) Funds and Financing Sources. These include the refundable (loans) and nonrefundable sources of support (grants, scholarships, gifts, own funds, parental, and/or spousal funds) necessary for professional training and to start practice. This resource is particularly important during the preclinical/clinical and professional practice stages of the professional training sequence.

Given the complexity of the barriers women face, efforts to eliminate the barriers or to minimize their impact should strive to achieve the following interrelated objectives: (1) to alter those features of women's traditional socialization which

result in limited career aspirations and, by extension, the number of women in MODVOPPP applicant pools, (2) to minimize the structural conflicts and incompatibilities between women's traditional family roles and obligations as wife/mother and the role requirements and responsibilities of MODVOPPP student and practitioner, (3) to provide institutional mechanisms which support the notion that women's career aspirations are valid and valuable as are men's, (4) to discredit and interfere with those societal stereotypes about women which are out-dated and/or incorrectly applied to MODVOPPP students and women and with those about the professions and their training and practice requirements and opportunities which are incorrect and/or in conflict with stereotypes about women, (5) to minimize and/or provide alternatives to the professions' informal, collegial networks as the basis on which much of the professions' information, opportunities, and economic organization is based, (6) to contain and neutralize the influence and impact that sex-biases and prejudices of older and/or practicing clinicians in the MODVOPPP professions have on the schools and their operations, and (7) to eliminate the heavy male-sex-typed imagery which the MODVOPPP professions convey in spite of recent, and in some instances, dramatic increases in women's enrollments in the schools.

Policies and programs designed to achieve these objectives will have the most favorable chances for success if they meet the following criteria. (1) Policies, programs, and services should be flexible primarily to ease and negotiate the incompatibilities which currently exist between women's traditional role obligations and those of MODVOPPP student and practitioner. (2) Programs and services should be redundant--that is, several efforts designed to meet the same needs or accomplish the same purposes are preferable to only one or a few. With information, for example, this helps assure that women receive information they might not otherwise get given their restricted access to informal networks and formal, institutional information channels. With school programs and services, multiple programs are a way of indicating that women are a heterogeneous group and have varying needs and interests, and this helps erode simple stereotypes about women. (3) Programs and services designed to respond to women's needs should be gender-non-specific--that is, they should not be singled out and labelled as "women's programs" in order not to reinforce and continue certain stereotypes and tracking patterns and in order not to provide basis for male student and faculty backlash. (4) Official, authoritative policies in written and verbal form from key administrators should be used as an important means for legitimating the presence of women in the professions and for discouraging an environment where male faculty members and students feel free to express sex-biased attitudes and behaviors toward women students. (5) Symbolic messages, particularly from official representatives of the schools and professions, should be used to convey messages that women's participation in the professions is legitimate, appropriate, and supported. This can be done, for example, through sensitive language use. (6) Information about school and professional policies, programs, and requirements which describes and influences training and practice opportunities should be formally and widely publicized to reduce the importance of information traveling through informal networks and to assure the accuracy of the information. (7) Innovative programs are frequently an attraction to women because their very presence in a school suggests an open administration willing to experiment and tolerant of differences. Such programs should be implemented as desirable in themselves but also because they represent a significant attraction and recruiting feature for women and other non-traditional members of the profession.

## CHAPTER IV: SUCCESS MODELS: DEVELOPMENT, PRESENTATION, AND TEST STRATEGIES

The success models for MODVOPPP school recruitment, admissions, and education systems are both descriptive and predictive--descriptive in that they are based primarily on institutional practices, policies, and programs in study schools which had substantial proportions of women and which also provided a supportive environment for them, and predictive in that they suggest policies, programs, and services schools and professional associations should consider for implementation to achieve the goal of success for women as applicants, students, and ultimately practitioners. The models address major structural and/or functional features of the recruitment, admissions, and education systems and for each feature include redundant, multiple component policies, programs, services, and facilities on the assumption that redundancy is needed to build-up the confluence of forces essential to off-set the traditional tracking patterns and other barriers women face. The objectives and criteria specified earlier for policies and programs are considered part of the models and are the means by which model components can be created and/or tailored to meet the unique and individual needs and constraints of each MODVOPPP institution. This Summary briefly highlights some but not all of each model's components, and it does not provide the basis or rationale for them which is included in Volume I.

### Recruitment Model

The primary purposes of the recruitment model are to minimize the current importance of the informal network and personal encouragements in recruiting; to reduce the male sex-typing of the professions and schools to make them a more viable, considered option for women; to portray changing practice patterns, options, practitioners, and students in the professions so choices are made on current realities rather than out-moded stereotypes; to broaden the range of recruiting groups and the scope and thoroughness of recruiting efforts to maximize opportunities to reach women; and to maximize the contributions various recruiting groups can make. In summary, the main features of the recruitment model and some of their major components include: (1) Content of the Recruiting Message. It presents a detailed, accurate, and current picture of the profession's work opportunities and practitioners and of each school's students, policies, procedures, training sequence, and so on. It reinforces a welcome for women through appropriate, non-stereotyped statements and photographs. (2) The Recruiting Media. Multiple media presentations are used to increase chances of reaching women--for example, workshops, films, career day displays, and so on--and these are supplemented by personal recruiting contacts. (3) Recruiting Sponsors. Multiple sponsors are used including schools, associations, women's and student groups, and so on. The associations use centralized application services and aptitude test materials to include recruiting messages aimed at women (and minorities), and they develop lending libraries of recruiting materials for the schools' use. Women's and student groups are used as materials' advisors and as recruitors. (4) Recruiting Audiences and Targets. Recruiting efforts are aimed at organizations of teachers and counsellors at all levels of the educational system, at non-science and math instructors, and at women's colleges and clubs, honor societies, and so on at co-ed colleges. The associations assume responsibility for providing practitioners with recruiting information and materials and in the process educate them about the changes of the role and status of women in the profession.

### Admissions Model

The primary purpose of the admissions model is to neutralize or eliminate discriminatory admissions systemic or participant sex-biases by structuring maximum opportunity for varying points of view to influence the admissions process and decisions.

Key features and some of their main components include: (1) Applicant Screening Procedures and Criteria. Multiple information sources, criteria, and readers and reviewers of applicant files are used for the first screening process. (2) The Agent Responsible for Applicant Screening and Selection. Admissions committees rather than individual administrators are responsible for all admissions functions; their members have diverse characteristics--age, race, sex, faculty/administrative/student status--and whenever feasible are elected or appointed by student, faculty, and administrative groups; and members' terms of service are renewable but of limited duration. (3) Formal Preparation and Training for the Admissions Process. The admissions committee considers and sets applicant selection criteria and objectives in light of the schools' educational objectives. It prepares for the admissions process through orientation and/or training on interviewing methods, techniques, and content. The orientation or training is conducted by skilled trainers using tested and effective training methods such as role-playing, video feedback, and so on. (4) Interview Format. Two or more individual (as opposed to group) interviews are conducted with each student by a faculty member, student, or administrator, and if possible, one of the interviewers is a woman--preferably the student. (5) Selection Procedures. The entire admissions committee is involved in the final candidate review and discussion process and in the final applicant ranking, vote, or other selection mechanism. (6) Appeals Procedures. Procedures under which a rejected applicant can appeal are published, and appeals are reviewed and considered by a sub-committee of the full admissions committee using explicit criteria and procedures.

Education Model

The primary purposes of the education model are to minimize the unique problems women encounter in professional training; to minimize the barriers which limit women's access to the seven key resources applicants, students, and practitioners need for success; to maximize supportive school environments for women; to maximize equal opportunities for professional skill training and socialization; and to maximize equal preparation for ultimate success as practitioners. Major features of the educational system and their key components include: (1) School Structure and Policies. Key administrators are accessible to other administrators, faculty, and students through open-door policies, periodic meetings, and advisory or decision-making committees made up of faculty/students/administrators who are appointed or nominated by the groups they represent. Open information policies result in widespread publication and dissemination of school policies, grievance procedures, admissions criteria, characteristics of male/female applicants and students, and so on. Schools and associations both use publications, guest lectureships, and high visibility committees and/or staff positions as ways of making the few women in the professions visible and available as role models. Chief administrators issue policies supportive of women and prohibiting various expressions of sex-bias. They conduct informal meetings and use other means as appropriate to reinforce these policies and educate faculty members and administrators to women's experiences and needs. Well-publicized, official grievance mechanisms for women are used as monitoring mechanisms by the schools, and student handbooks specify with examples the kinds of experiences the school is concerned to learn about through these channels. The schools support the existence of various formal and informal women's groups and publicly view their existence as an asset to administrators concerned that all students in the institution have equal opportunities for success. (2) Curriculum Structure and Content. Accelerated and/or extended curriculum options provide training flexibility, and the early introduction of clinical work helps build confidence in sensitive patient management. Pass/fail grading systems are supplemented with other formal, institutionally-sponsored performance evaluation systems

to minimize the impact of informal networks; and sex-blind grading systems, written performance objectives, student/instructor review and sign-off systems, and/or student appeal systems are used to minimize the possibility of instructor bias in grading. The schools monitor off-site training institutions and exclude from training agreements any which do not provide adequate facilities and treatment for women. Students have the option of selecting clinical rotations together, and this option is a condition of the schools' agreements with cooperating training institutions. (3) School Programs, Services, and Facilities. Physical facilities where informal learning and professional socialization takes place are integrated and have modesty screens and other arrangements for privacy. Appropriate equipment is provided in women's sizes. Special personal and academic counselling services are offered to women and are staffed with pivotal members of the profession. Job placement services are provided for curriculum-required work experience and for postgraduate placements, and the service is not available to practitioners and institutions which discriminate against women. Childcare provisions are available as are appropriate physical safety programs such as escort or security services. Financial aid policies assure equal treatment of men and women in such things as spousal dependence allowances. (4) Systems for Data Collection and Self-Evaluation. Data collection and self-evaluation efforts regarding effectiveness in eliminating barriers to women are aimed at improving the schools' recruiting efforts and admissions systems and at understanding the scope and reasons for student attrition.

Four strategies for testing the success models include: (1) An information dissemination and technical assistance program whose objective would be to improve MODVOPPP associations' and schools' understanding of the barriers women face and how the success models address and might eliminate them. The program might include presentations to the associations at their meetings, serial articles for professional journals and newsletters, and preparation and dissemination of multi-media technical assistance materials to the schools. (2) A school self-evaluation program offering varying forms of technical assistance to the schools designed to assist them to improve their own ability to monitor and assess their effectiveness in recruiting, admitting, and educating women. (3) A national pilot demonstration projects program which would replicate and test model components and also possibly identify and replicate innovative programs which did not come to the study's attention and which are currently conducted in the MODVOPPP schools. (4) A profession(s)-wide test program in one or more of the smaller professions where all of the profession's schools and major associations would participate in testing one or more or the models and their components.

## CHAPTER V: STUDY IMPLICATIONS AND RECOMMENDATIONS

In addition to the success models, the study's findings suggested additional policy, program, and research implications and recomendations for HEW, the MODVOPPP schools and associations, researchers, and others. The major ones are summarized below but without the supporting rationale found in Volume I.

### Implications for Anti-Sex Discrimination Enforcement and Affirmative Action

While the study was not designed to evaluate past, current, or proposed anti-sex discrimination enforcement procedures nor to examine MODVOPPP school compliance with appropriate anti-sex discrimination legislation, it did find many examples of potentially actionable differences in MODVOPPP schools' recruitment, admissions, and treatment of women. It also found many instances of differences which have a negative or discriminatory impact on women's chances for success but which are legally ambiguous as to whether thay are potentially actionable. The study's conclusions

and implications for HEW's anti-sex discrimination enforcement and affirmative action responsibilities are: (1) that the type and intensity of Office of Civil Rights (OCR) compliance monitoring and complaint-investigation procedures should differ for male-oriented MODVOPPP and other professional schools given the differences in educational experience and treatment their male histories and traditions pose for women students; (2) that a complaint system should be continued as it is essential to permit individuals to seek redress without fear of repercussion and to assure a process for continuous definition and redefinition of sex discrmination; and (3) that the complaint system should be coupled with a routine compliance monitoring system utilizing this study's statistical and descriptive success indicators and its models' criteria and components and based on a routine reporting system with a limited number of key indicators to alert OCR and HEW program agencies to the need for more on-site, intensive assessments. Ultimately the schools' good faith will be the essential means for addressing the complex and subtle barriers women face since the enforcement system, while essential, is too slow and occasional and provides no positive incentive to the schools to address and prevent discrmination on their own initiative.

Implications and Recommendations for Health Manpower Legislation and Student Financial Aid

Some of the provisions of recent, alternative proposals for health manpower legislation may have unintended, negative consequences for women given their actual or potential dual roles as wife/mother and MODVOPPP student/practitioner. The following recommendations attempt to address the incompatibilities posed for women in these dual roles. (1) Research on the negative impact of federal financial aid policies on women is needed to determine what proportion of women applicants and students are deterred from pursuing MODVOPPP training and/or accepting various forms of financial aid by the various requirements for geographic service pay-back commitments. The research must also address the related issue of comparative debt levels men and women MODVOPPP students carry upon completion of their training. (2) A financial aid policy which includes alternative financial aid commitment requirements allowing optional forgiveness for geographic or primary care specialty commitments should be examined as a means for providing women the flexibility they need to negotiate traditional/professional role incompatabilities. (3) Consideration should be given to a financial aid policy which permits students to select their own geographic service assignment rather than being assigned according to the needs of the sponsoring agency as another measure which would assist women in dual role situations. (4) Consideration should be given to the feasibility of permitting students to make service commitments at graduation when they have a more realistic view of what commitments are possible for them than they have at the time of enrollment. (5) The administrative device of a full-time equivalent (FTE) student for capitation funding and direct student support should be used to facilitate part-time student staus which would provide women with the flexibility many need to accommodate dual roles.

Recommendations for Criteria for Future Research, Policy, and Programmatic Activities

Given the proliferation of interest in and research on women in recent years, the following criteria are recommended to assist HEW and MODVOPPP associations to select high impact, relevant research for funding and conduct. (1) Research should be policy-oriented with immediate policy and program implications for high priority issues regarding women. (2) Pilot and demonstration program research should be emphasized to maximize immediacy of action and applied findings. (3) Research and programmatic efforts should test and evaluate programs and policies that offer alternatives and interventions to minimize the importance of key resources to which

women have reduced access--for example, implementation and evaluation of formal, institutional information systems designed to supplement information available through informal networks. (4) Research should continue previous work since much on-going research is useful, and a continuation can establish and/or document trends with important policy implications. (5) Research should utilize existing data available through federal agencies and MODVOPPP associations in the interests of improving the utility of that data. (6) Research and programmatic efforts should use existing organizational contacts including the MODVOPPP associations contacts with the schools. (7) Research and programmatic efforts should use women's organizations to the extent possible in order to provide women visibility, role models, experience, funds for staff, and to assure a source for identifying important issues which might otherwise be missed.

Recommendations for Coordinating Structures for Future Research

To take cost-effective advantage of the current research explosion on women, one or a combination of alternative means to identify and coordinate on-going research should be considered including: grants or contracts to existing national women's organizations to identify, summarize, and share information for their defined areas of interest; creation of a federal interdepartmental or interagency task force of women's agencies to identify and coordinate a broader base of research; a national advisory committee or research coordinating center to catalogue on-going research, suggest priority needed research, and/or fund priority research; a national research coordinating center to fund and create university campus centers for women's studies and support individual and/or long-term research.

Recommendations for Special Activities to Minimize Stereotypes

Films in the cinema verité style as well as educational materials on stereotypes are needed to minimize their negative impact on women in the MODVOPPP professions. Film is particularly useful for illustrating the subtle, minute ways stereotypes influence people's behaviors and become self-perpetuating and self-reinforcing.

Recommendations for Research, Policy, and Programmatic Activities in the Professional Training Sequence

These recommendations are organized and grouped into the steps in the professional training sequence. High priority recommendations are noted with an asterisk (*).

*Recruitment Recommendations*

(1)* Research is needed on women who self-select out of MODVOPPP applicant pools to help identify and refine the reasons and barriers that result in their decisions not to apply and thus provide a basis for reviewing recruiting programs, Title IX compliance in preprofessional schools, and federal financial aid policies. (2)* Women's recruitment grants (similar to the 1971 Comprehensive Health Manpower Training Act Minority recruitment grants) should be given to the MODVOPPP schools and associations coupled with grants to evaluate the effectiveness of alternative recruiting strategies and materials. (3)* Educational programs are needed for preprofessional school counsellors and teachers to sensitize them to the pivotal roles they frequently play in discouraging young women to aspire to MODVOPPP and other professional careers. The programs should include technical assistance in how to encourage and support women's aspirations and should include revision of current vocational materials. (4)* Public education programs using the popular media are

needed to educate parents and the general public about opportunities for women in the MODVOPPP professions and to neutralize them as current sources of discouragement.

*Admissions Recommendations*

(1)* Regular, periodic reviews and evaluations should be conducted of the validity and use of professional aptitude tests to identify any biases and/or discriminatory use by the schools. This should include on-going research on alternatives to the tests. (2)* Pilot demonstration programs, technical assistance, workshops, and other techniques are needed to train and orient admissions interviewers. These efforts should include components to evaluate the impact of training on the characteristics of accepted applicants. (3) Annual research should be conducted and publicized comparing the demographic and performance characteristics of MODVOPPP applicants to accepted students and highlighting any trends. This research might best be conducted by the MODVOPPP associations given their actual and/or potential access to the necessary data. (4) Research comparing the demographic and performance characteristics and career interests of accepted to unaccepted applicants is needed to identify potentially dysfunctional patterns in admissions and the next steps rejected men take compared to women to isolate tracking patterns and any differential advice given by counsellors.

*Preclinical/Clinical Training Recommendations*

Affirmative Action recommendations include the following. (1)* Research is needed on high visibility faculty and administrative positions in the schools to determine the impact on women students of having women in these positions. The research results should be incorporated into training and technical assistance materials for schools for affirmative action planning including assistance in how to do self-evaluation. (2)* Research and technical assistance materials for the schools are needed to help them identify institutional mechanisms which discriminate against women faculty in employment. (3)* Profession-wide studies of MODVOPPP women faculty recruitment and promotion patterns (including geographic and professional mobility) are needed to determine the extent to which women's reduced access to informal professional networks is a problem and to help schools improve their recruiting efforts.

Curriculum recommendations include the following. (1)* Pilot programs are needed to assess various methods for and the feasibility of specifying clinical training objectives and criteria for evaluating student performance in clinical skills and behavior. The findings should be disseminated among the schools. (2)* Pilot programs to design, test, and evaluate the impact of different types of sex-blind examinations should be conducted and their findings disseminated among the schools. (3)* Various systems for student review of faculty evaluations of their work should be tested and evaluated, and these should include a component involving student evaluations of faculty performance as teachers and as clinician role models. Findings should be disseminated among the schools. (4)* Pilot systems are needed to monitor women's off-site clinical training experiences in institutions not under the control of the schools. Findings should be disseminated among the schools. (5) Research and demonstration programs are needed to design and test programmed learning materials and independent study curricula as they are useful for study flexibility needed by women and also for retraining and/or continuing education programs for practitioners. (6) Evaluation research is needed on the impact of pass/fail grading on student competitiveness/cooperation given the increasing importance of health care teamwork and cooperative styles of health care delivery. This research should include components to design, test, and evaluate alternative information

systems to supplement the information flowing through the informal professional networks. (7) Research is needed on the impact of three versus four year curricula on the professional training and socialization of students and on the cost burden of three year programs on students. (8) Grants should be given to the MODVOPPP schools and/or associations to develop and experiment with a broad range of non-science required and elective courses in social sciences, business management, health care delivery, and so on. Given the range of responsibilities and skills MODVOPPP practitioners must assume, such programs are important, and alternative systems should be examined for providing a range of courses in schools which do not have adequate resources to develop or deliver their own.

Programs, services, and facilities recommendations are several. (1)* Funds should be available to schools and cooperating training institutions to integrate existing facilities and/or create new facilities which preserve individual modesties while at the same time permitting women access to informal conversations and discussions which are so essential a part of the clinical training experience. (2)* A program of technical assistance and training materials, workshops, and/or other appropriate educational vehicles should be developed to educate male faculty members, clinicians, practitioners, and others in the specific ways in which their behaviors support or undermine patient and client acceptance of women practitioners. Indirectly such an effort would also be a patient education program and in the long run would be an effective means for eroding dysfunctional stereotypes about women. (3)* Formal, institutionally sponsored systems designed to assist students in locating summer employment and professional practice opportunities upon completion of training should be instituted and their effectiveness in changing and improving women's placement opportunities evaluated. (4) The associations and schools should develop and test profession-wide, interschool student transfer systems to facilitate student mobility when necessary.

Special Studies recommended include the following. (1)* Continuing student attrition studies are needed by sex to identify trends and changes and the relationship of various attrition patterns to varying institutional features of the schools. (2)* Specialty choice studies are needed to identify the combinations of factors and influences which affect differential specialty choice by sex. (3)* Studies of men's and women's approach to practice and patient care are needed to assess any differences. This should include longitudinal studies of the impact of training on changes in professional interests and objectives and on approach to patient care. These studies are important since women appear more interested in institutional forms of practice and in patient care than men, and both are issues of current importance in health care delivery.

*Postgraduate Training Recommendations*

(1)* Continuing attrition studies are needed comparing differences in men's and women's attrition rates, timing, and reasons to provide information on which federal and professional decision-makers can base policies and programs to minimize postgraduate drop-outs. (2)* Research is needed on women's need for and interest in flexible, part-time postgraduate programs and the conditions under which they would use them. (3)* Long-term, comprehensive research and demonstration programs are needed to test and evaluate the possibilities, costs, advantages, disadvantages, and consequences for students and sponsoring institutions of various forms of part-time, flexible postgraduate programs. Research topics should center on current pro/con arguments and issues and should take place in enough differing settings over a

sufficiently long period of time for full evaluation of all significant issues, forms of flexible programs, and important variables.

*Professional Practice Recommendations*

(1)* Comprehensive, periodic, and frequent studies of men's and women's professional practice patterns, activity levels, and professional involvement should be conducted and their results regularly published and widely disseminated to help identify and document the major influences which affect varying patterns of professional activity and to establish trends and changes. (2)* A sequential series of retrospective/exploratory and then systematic survey studies are needed to determine how and when informal professional networks form, the functions they perform, and women's use of and participation in them. These studies should be conducted in conjunction with the practitioner activity studies just suggested. (3)* A systematic research program to define and then evaluate the costs and benefits of varying forms of MODVOPPP professional activity are needed. These are important given the varying definitions of priority health manpower problems over time and the complexity of and changing issues in health care delivery. (4)* A comprehensive series of research and demonstration programs are needed to test, evaluate, and compare the costs of the most effective, efficient ways to maximize MODVOPPP women's training including pilot childcare, domestic help, and retraining/re-entry programs. (5)* Continuing education programs designed to keep practitioners abreast of changing techniques and technologies should also be designed to address the needs of part-time and/or inactive practitioners wishing to return to practice. (6)* The 1970 Carnegie Commission recommendation that student financial aid should include forgiveness for women who remain professionally active while mothers should be adopted. (7)* The 1970 Carnegie Commission recommendation for a national system of state-by-state licensing reciprocity should be adopted. (8)* Full tax deductions for childcare and domestic help should be available to all working women.

## CHAPTER VI: CONCLUDING REMARKS: SOME OBSERVATIONS ON CURRENT TRENDS

Major current trends in the MODVOPPP professions, in health care delivery systems, and in the society in general are tending to reinforce women's increasing participation in the professions--for example, trends toward increasing use of institutional forms of health care delivery, changing lifestyles among young people involving more androgynous forms of individual behavior, and so on. However national experiences in attempting to achieve racial equality suggest that the next step of achieving equal status and other rewards for women will be a critical and difficult step.